

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000005151

1. Entity Name

DIVERSIFIED COMPUTER CONSULTANTS, INC.

FILED

Aug 07, 2001 8:00 am
Secretary of State

08-07-2001 90003 026 ***550.00

Principal Place of Business

Mailing Address

1370 ENERGY CENTRE
1100 POYDRAS ST.
NEW ORLEANS LA 70163

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1100 POYDRAS ST.
NEW ORLEANS LA 70163

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 72-1174797

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COOKE, JULIA
1227 REGAL RIDGE
ORLANDO FL 32825

Name Troy G. Weber

Street Address (P.O. Box Number is Not Acceptable)

13285 Eucalyptus Drive

City Jacksonville FL

Zip Code 32225

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Troy G. Weber

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/23/2001

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	MCCARTHY, PAUL J	
STREET ADDRESS	1100 POYDRAS STREET	
CITY-ST-ZIP	NEW ORLEANS LA 70163	
TITLE	COO	<input type="checkbox"/> Delete
NAME	HERNANDEZ, GARTH D	
STREET ADDRESS	1100 POYDRAS ST 1370 ENERGY CT	
CITY-ST-ZIP	NEW ORLEANS LA 70163	
TITLE	CTO	<input type="checkbox"/> Delete
NAME	HENTON, ALAN	
STREET ADDRESS	2 RAVINA DR STE 850	
CITY-ST-ZIP	ATLANTA GA 30246-2126	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Paul J. McCarthy	
STREET ADDRESS	1100 Poydras Street, Ste. 1370	
CITY-ST-ZIP	New Orleans, LA 70163	
TITLE	COO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Garth D. Hernandez	
STREET ADDRESS	1100 Poydras Street, Ste. 1370	
CITY-ST-ZIP	New Orleans, LA 70163	
TITLE	CTO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Alan Henton	
STREET ADDRESS	1100 Poydras Street, Suite 1370	
CITY-ST-ZIP	New Orleans, LA 70163	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Garth Hernandez* Garth Hernandez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/2/01

Date

(504) 585-7346

Daytime Phone #

0631867

CR2E034 (10/00)